

- d. **Home Health Aide and Homemaker Services:** Home health aides providing services to hospice recipients must meet the qualifications specified for home health aides by 42 CFR 484.36. Home health aides may provide personal care services. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed or light cleaning and laundering essential to the comfort and cleanliness of the patient. Homemaker services may include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care. Home health aide and homemaker services must be provided under the general supervision of a registered nurse.
 - e. **Rehabilitation Services:** Rehabilitation services include physical and occupational therapies and speech-language pathology services that are used for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.
3. To be covered, a certification that the individual is terminally ill must have been completed by the physician and hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions. The individual must elect hospice care and a plan of care must be established before services are provided. To be covered, services must be consistent with the plan of care. Services not specifically documented in the patient's medical record as having been rendered will be deemed not to have been rendered and no coverage will be provided.

B. Special Coverage Requirements

1. Continuous home care consists of at-home care that is predominantly nursing care and is provided as short-term crisis care. A registered or licensed practical nurse must provide care for more than half of the period of the care. Home health aide or homemaker services may be provided in addition to nursing care. A minimum of 8 hours of care during a 24-hour day must be provided to qualify as continuous home care.
2. Routine home care is covered when less skilled care is needed on a continuous basis to enable the person to remain at home.
3. Inpatient respite care is short-term inpatient care provided in an approved facility (freestanding hospice, hospital, or nursing facility) to relieve the primary caregiver(s) providing at-home care for the recipient. Respite care is limited to not more than 5 consecutive days.
4. General inpatient care may be provided in an approved freestanding hospice, hospital, or nursing facility. This care is usually for pain control or acute or chronic symptom management which cannot be successfully treated in another setting.

C. Eligible Groups

To be eligible for hospice coverage under Medicare or Medicaid, the recipient must have a life expectancy of six months or less, have knowledge of the illness and life expectancy, and elect to receive hospice services rather than active treatment for the illness. Both the attending physician and the hospice medical director must certify the life expectancy. The hospice must obtain the certification that an individual is terminally ill in accordance with the following procedures:

1. For the first 90-day period of hospice coverage, the hospice must obtain, within two calendar days after the period begins, a written certification statement signed by the medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician if the individual has an attending physician. For the initial 90-day period, if the hospice cannot obtain written certification within two calendar days, it must obtain oral certifications within two calendar days, and written certification no later than eight calendar days after the period begins.
2. For any subsequent 90-day or 30-day period or a subsequent extension period during the individual's lifetime, the hospice must obtain, no later than two calendar days after the beginning of that period, a written certification statement prepared by the medical director of the hospice or the physician member of the hospice's interdisciplinary group. The certification must include the statement that the individual's medical prognosis is that his or her life expectancy is six months or less and the signature(s) of the physician(s). The hospice must maintain the certification statements.

20. c. Expanded Prenatal Care Services

A. Comparability of Services:

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a) (10) (B).

B. Definition of Services:

Expanded prenatal care services will offer a more comprehensive prenatal and postpartum care services package to improve pregnancy outcome. The expanded prenatal care services provider may perform the following services:

1. Patient Health Education including:

Preventive Self Care instruction up to 32 15-minute sessions during the prenatal period and up to 60 days postpartum and should include but not be limited to topics such as, 1) Physical and emotional changes during pregnancy and postpartum, 2) Warning signs of pregnancy complications, and 3) Healthful behaviors.

Instruction must be rendered by Medicaid certified providers who have appropriate education, license, or certification.

Childbirth Classes up to 7 sessions, through group classes or through individual sessions, totalling 14 hours to be offered during the prenatal period to include but not be limited to topics such as 1) Maternal and fetal development, 2) Nutrition, fitness and drugs, 3) Physiology of labor and delivery, 4) Relaxation and breathing techniques for labor, 5) Postpartum care and family planning, and 6) Newborn care and feeding.

Instruction must be rendered by Medicaid certified providers who have appropriate education, license, or certification.

Parenting Education up to 32 15-minute sessions to be offered during the prenatal period and up to 60 days postpartum and should include but not be limited to topics such as 1) Feeding, bathing, dressing of infant, 2) Recognition of preventive health needs, 3) Recognition of acute care needs, 4) Newborn/child development, and 5) Child Safety. Instruction must be rendered by Medicaid certified providers who have appropriate education, license, or certification.

2. Nutritional Evaluation and Counseling Services to include up to 32 15-minute sessions during the prenatal period and up to 32 15-minute sessions during 60 days postpartum to provide specialized nutrition education and counseling for highly complicated medically related conditions occurring during pregnancy, postpartum or to the infant.

Qualified provider of these specialized nutrition services must be a registered dietitian (R.D.) in accordance with the Commission on Dietetic Registration.

- C. The State assures that the provision of expanded prenatal care services will not restrict an individual's free choice of providers in violation of Section 1902(a) (23) of the Act.

1. Eligible recipient will have free choice of the providers of expanded prenatal care services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

Payment for expanded prenatal care services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

22. Respiratory Care Services

Prior authorization is required.

23. Pediatric or Family Nurse Practitioner Services

Coverage limited to the scope of practice as defined in state law or the state regulatory authority, with any limitations that apply to all providers qualified to provide the service.

Supplement 2 to
ATTACHMENTS 3.1-A and 3.1-B
Page 13

24. a. Transportation

Prior authorization may be required for transportation by ambulance, common carrier, or other appropriate means.

24. d. Nursing Facility Services Under 21 Years

Precertification required prior to authorization of benefits.

24. e. Emergency Hospital Services

Limited to Medicare deductible.

24. f. Personal Care Services

Initial determination of need criteria for personal care services shall be based on the West Virginia Department of Health and Human Resources Pre-Admission Screening for Nursing Facility and Community Based Services (PAS-95). The PAS-95 must be signed by a physician indicating level of care required and be accompanied by a registered nurse's plan of care. A personal care nursing assessment must be completed at least once every six months.

For individuals requiring personal care services on an on-going basis, recertification through completion of the PAS-95 requiring physician authorization and signature must be completed at least annually.

Personal care services are limited on a per unit per month basis with limitations established for occurrences. If there is a medical need for additional hours, this limit may be exceeded by requesting prior authorization for additional hours as indicated by a physician's order and certified in the registered nurse's plan of care.

24. g. Rural Primary Care Hospital (RPCH) Services

Limited to services that are included in the certification for participation in the Medicare Program.

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